COUNTY OF PLACER
DEPARTMENT OF HEALTH AND HUMAN SERVICES

3091 COUNTY CENTER DR, STE 180, AUBURN, CA 95603, (530) 745-2300, FAX (530) 745-2370
P.O. BOX 1909, TAHOE CITY, CA 96145, (530) 581-6240, FAX (530) 581-6242

ENVIRONMENTAL
HEALTH SERVICES

HEALTH CODE VIOLATION COMPLAINT FORM

YOUR NAME: _____

YOUR ADDRESS: _____
STREET OR POST OFFICE BOX

CITY: _____ _____ **STATE:** _____ **ZIP:** _____

TELEPHONE:(HM) _____ **(WK)** _____

SIGNATURE: _____ **DATE:**
_____

COMPLAINTS WILL REMAIN CONFIDENTIAL UNLESS LEGAL ACTION IS TAKEN, WHICH MAY REQUIRE THAT THE COMPLAINANT BE SPECIFICALLY IDENTIFIED. DUE TO LEGAL REQUIREMENTS ONLY WRITTEN, SIGNED COMPLAINTS CAN BE INVESTIGATED.
SHOULD YOU WISH TO REMAIN ANONYMOUS, THIS DEPARTMENT WILL BE UNABLE TO PURSUE LEGAL ACTION.

NATURE OF COMPLAINT: _____

_____

_____

_____

_____

_____

LOCATION OF COMPLAINT: _____
Address/Assessor's Parcel Number and/or directions to location

_____

OWNER'S NAME/ADDRESS/PHONE: (if known) _____

_____

↓FOR OFFICE USE ONLY↓

APN _____ **COMPUTER ID:** _____ **CATEGORY:** _____ **REFERRED TO:** _____

DATE CLOSED: _____ **BY:** _____ **FINAL DISPOSITION CODE:** _____ **86/87**

_____

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